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CONCORD, M.	4 01/42-9133						(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	FOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.
10/565,488 TITLE OF INVENTION	04/11/2006 : ORGANIC ELECTRO	LUMINESCENT ELEM	Anja Gerhard ENT COMPRISING A	CARBONYL MA	RIX M/	37241005000 ATERIAL	2090
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	80		\$1810	12/04/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS				
WILLIAMS, JOSEPH L		2889	313-504000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attended to Change of Correspondence Address form PTO/SB/23 attended to The Change of Correspondence Address form PTO/SB/23 attended form PTO/SB/23 attended to The PTO/SB/24 attended form PTO/SB/24 attended for The PTO/SB/24 attended form PTO/SB/24 attended for The PTO/SB/24 attend			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2. registered patent attorneys or agents. If no name is listed, no name with be printed.				
3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG	ess an assignce is ident h in 37 CFR 3.11. Comp			e patent. If an assi an assignment.			ocument has been filed for
Merck Patent GmbH			Darmstadt,	adt, Germany			
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  ☐ issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit earl. Form PTO-2038 is attached. ☐ Payment by credit earl. Form PTO-2038 is attached. ☐ The Director is breeby authorized to charge the required fee(s), my deficiency, or credit any overpayment, to Deposit Account Number ( @B -2038 ) (enclose an extra copy of this form).				
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Authorized Signature	188	$\leq$		Date	12	09	
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